

## GREENWOOD COUNTY, SC FREEDOM OF INFORMATION ACT REQUEST FORM

PLEASE PRINT CLEARLY

Date of N	equest:		
Name:			
Street Address:			
City:S	tate:	Zip Code:	
Email Address:			
Signature:			
Information Requested (please b	e as specific as possibl	le – <u>type or print clearly</u> ):	
			_
PLEASE RETURN THE FORM	I TO:		
	GREENWOOD C	COUNTY	
	Toby Chappell, Coun		
	600 Monument Stre Greenwood SC		
	FOR OFFICE US	SE ONLY	
Date FOIA Form Received:	Signatur	re of Employee Receipt:	
Date Receipt Response Due:	Date Res	sponse Provided to Requestor	:
Document Search Assigned To:		_Date of Assignment:	
Date Documents Provided to Ro	equestor:		

As provided by South Carolina Code Annotated Section 30-4-30 c, the County will provide a response within fifteen days (with the exception of Saturdays, Sundays and legal public holidays) of the receipt of a Freedom of Information Act (FOIA) Request. However please note that we are not required to produce the requested documents within fifteen working days.